

FREE SKILLS CLINIC

Grades 1 - 3

October 27, 6:00 - 7:15 PM

Grades 4 - 6

October 24, 6:00 - 7:15 PM

Clinics will be held in the EHS gym.

Presented by the Enfield High School boys and girls basketball teams, student athletes and coaches will work with participants in preparation for the upcoming basketball season. This fun, fast paced clinic will focus on the fundamentals of the game. Dribbling, footwork, passing, rebounding, defense and shooting techniques will be covered. All participants should come ready to improve their skills and learn something new!

Participants should wear sneakers, athletic attire, and bring a water bottle labeled with their first and last name. All equipment will be provided, please DO NOT bring a basketball. Participants will be required to follow all federal, state and local COVID-19 protocols.

ENFIELD RECREATION DEPARTMENT REGISTRATION FORM

124 North Maple Street, Enfield CT 06082 Phone: 860-253-6420 Website: www.enfield-ct.gov/recreation

Participant Name:			
Date of Birth:	Gender:	School:	Grade:
Street Address:			Enfield, Connecticut 06082
Phone Number:		Alternative I	Number:
Email Address:			(for all program communications)
Emergency Contact:		Phone:	
Emergency Contact:		Phone:_	
			ould be aware of? YES NO
*HIPAA Compliance Program: p	please visit www.enfield-ct.gov	recreation for details.	
GRADE	S 1 - 3 (October 27th, 6	:00 - 7:15 PM)	LIMIT: 40 PARTICIPANTS
GRADE	S 4 - 6 (October 24th, 6	:00 - 7:15 PM)	LIMIT: 40 PARTICIPANTS
waive and release the Town of E	Enfield, its agents, officers and eas, expenses and or judgments,	employees, whether paid or including attorney's fees and	ecreation Department of the Town of Enfield, I hereby voluntary, from and against any and all claims, suits, d court costs, which may arise from my or my child's n, either directly or incidentally.
referenced program/activity. I fur	ther represent that I am, or my o	child is, in good physical and	which I or my child will participate as part of the above mental health condition and that I am unaware of any bove-referenced program/activity.
I acknowledge that I will be solely	responsible for the furnishing of	all safeguards and appropria	te equipment for protection against injury.
Photo Release: The Recreation Dephotos are for Recreation use onl			ints for publicity purposes. Please be aware that these imphlets and/or flyers.
Behavior Expectations: I understated o so may result in dismissal from		e able to abide by all rules a	nd policies set forth by the said program and failure to
I have read this document and un	derstand and agree to its terms a	and conditions.	
PARTICIPANT/PARENT/LEGAL GU/	ARDIAN SIGNATURE		DATE

REGISTRATION DETAILS:

REGISTRATION BEGINS:

FRIDAY, OCTOBER 7TH AT 8:30 AM

Enfield residents only.

Register online, in person or by mail. Proof of residency is required at time of registration.

Pre-registration is required and spaces are limited. Don't delay, register today!

ONLINE - Visit the Recreation homepage at www.enfield-ct.gov/recreation and click on the "Register Now" button. Log-in or set up an account to register.

IN PERSON - Register at the Recreation Office Monday - Friday, 8 AM - 4PM. Complete this form and provide proof of residency to register.

BY MAIL - Mail this completed registration form and a copy of your proof of residency to the Recreation Office at the address above.

PROOF OF RESIDENCY - Photo ID, drivers license, or a utility bill are accepted forms of registration.

